

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK  
One Bowling Green  
New York, NY 10004-1408**

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IN RE: Margo Lennard

CASE NO.: 05-48876-ajg

SSN/TAX ID: xxx-xx-7873

CHAPTER: 7

TRUSTEE:

David R. Kittay  
Kittay & Gershfeld, P.C.  
100 White Plains Road  
2nd Floor  
Tarrytown, NY 10591

Telephone: (914) 332-8000

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**NOTICE OF POSSIBLE PAYMENT OF DIVIDENDS  
AND OF LAST DATE TO FILE CLAIMS**

To the creditors of the above named debtor:

As a result of the administration of the debtor's estate, a dividend to creditors now appears possible.

You are hereby advised of the opportunity to file a claim in order to share in any distribution.

A creditor must file a PROOF OF CLAIM whether or not the debt is included in the list of creditors filed by the debtor.

The PROOF OF CLAIM must be filed on or before November 6, 2006 .


Please take further notice that if you have a PROOF OF CLAIM on file or one has been filed on your behalf, do not file again.

All PROOFS OF CLAIM for the above named debtor, are to be filed with the court at the above address.

Dated: August 3, 2006

Kathleen Farrell-Willoughby  
Clerk of the Court



<b>UNITED STATES BANKRUPTCY COURT</b> <b>SOUTHERN DISTRICT OF NEW YORK</b>		<b>PROOF OF CLAIM</b>			
Name of Debtor Margo Lennard		Case Number 05-48876 (ajg)			
<b>NOTE:</b> This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.		 05-48876  THIS SPACE IS FOR COURT USE ONLY			
Name of Creditor (The person or other entity to whom the debtor owes money or property):				<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address where notices should be sent:					
Telephone Number:		Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated: _____			
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)					
<b>2. Date debt was incurred:</b>		<b>3. If court judgment, date obtained:</b>			
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ _____ (unsecured) (secured) (priority) (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim  Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</small>			
<b>6. Unsecured Nonpriority Claim</b> \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY			
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.					
<b>9. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY			
Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):				

# INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.

## ---- DEFINITIONS ----

### Debtor

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

### Creditor

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

### Proof of Claim

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed.

### Secured Claim

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also *Unsecured Claim*.)

### Unsecured Claim

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

### Unsecured Priority Claim

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*.

## Items to be completed in Proof of Claim form (if not already filled in)

### Court, Name of Debtor, and Case Number:

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

### Information about Creditor:

Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.

### 1. Basis for Claim:

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in the last four digits of your social security number and the dates of work for which you were not paid.

### 2. Date Debt Incurred:

Fill in the date when the debt first was owed by the debtor.

### 3. Court Judgments:

If you have a court judgment for this debt, state the date the court entered the judgment.

### 4. Total Amount of Claim at Time Case Filed:

Fill in the applicable amounts, including the total amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

### 5. Secured Claim:

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above).

### 6. Unsecured Nonpriority Claim:

Check the appropriate place if you have an unsecured nonpriority claim, sometimes referred to as a "general unsecured claim". (See DEFINITIONS, above). If your claim is partly secured and partly unsecured, state here the amount that is unsecured. If part of your claim is entitled to priority, state here the amount **not** entitled to priority.

### 7. Unsecured Priority Claim:

Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above). A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

### 8. Credits:

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

### 9. Supporting Documents:

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.

This claim should be returned to: Clerk, U.S. Bankruptcy Court, Manhattan Division One Bowling Green  
New York, NY 10004-1408.

Claims must be received at the court on or before any last date for filing claims which you may have received.  
This court will not accept faxed claims.

Bankruptcy Noticing Center  
2525 Network Place, 3rd Floor  
Herndon, Virginia 20171-3514

# CERTIFICATE OF SERVICE

District/off: 0208-1  
Case: 05-48876

User: aho  
Form ID: pdn

Page 1 of 1  
Total Served: 20

Date Rcvd: Aug 03, 2006

The following entities were served by first class mail on Aug 05, 2006.

db +Margo Lennard, 4 East 107 Street - Apt. # 8H, New York, NY 10029-3814  
tr +David R. Kittay, Kittay & Gershfeld, P.C., 100 White Plains Road, 2nd Floor,  
Tarrytown, NY 10591-5519  
smg N.Y. State Unemployment Insurance Fund, P.O. Box 551, Albany, NY 12201-0551  
smg New York City Dept. Of Finance, 345 Adams Street, 3rd Floor, Attn: Legal Affairs - Devora Cohn,  
Brooklyn, NY 11201-3719  
smg New York State Tax Commission, Bankruptcy/Special Procedures Section, P.O. Box 5300,  
Albany, NY 12205-0300  
smg United States Attorney, One St. Andrew's Plaza, Claims Unit - Room 417,  
New York, NY 10007-1701  
ust +United States Trustee, 33 Whitehall Street, 21st Floor, New York, NY 10004-2122  
4114478 +BP/CITI, P.O. BOX 6003, HAGERSTOWN, MD 21747-6003  
4114482 +CBUSA, P.O. BOX 9714, GRAY, TN 37615-9714  
4114485 +CITGO/CITI, P.O. BOX 6003, HAGERSTOWN, MD 21747-6003  
4114474 COUNTRYWIDE LOAN, CUSTOMER SERVICE, MSNSV, 26B P.O. BOX 10299, VAN NUYS, CA 91410-0229  
4114480 +LENOX HILL EMERGENCY MEDICAL SERVICE, GPO BOX 2600, NEW YORK, NY 10087-0001  
4114481 +LHHN MEDICAL PC, P.O. BOX 343, LITILZ, PA 17543-0343  
4114476 +MANHATTAN COUNTY CLERK, 31 CHAMBER STREET, NEW YORK, NY 10007-1210  
4114486 +NEW YORK CITY EMPLOYEE, RETIREMENT SYSTEM, 335 ADAMS STREET, BROOKLYN, NY 11201-3724  
4114483 +NEW YORK CITY EMPLOYEE - HUMAN RESOURCE ADMIN., 180 WATER STREET - 3RD FL.,  
NEW YORK, NY 10038-4923  
4114475 +PLATINUM FINANCIAL, NEW YORK COUNTY CIVIL COURT, 111 CENTER STREET, NEW YORK, NY 10013-4390  
4114477 +REMEX INC., 307 WALL STREET, PRINCETON, NJ 08540-1515  
4114484 +SHELL/CITI, P.O. BOX 6003, HAGERSTOWN, MD 21747-6003

The following entities were served by electronic transmission on Aug 03, 2006 and receipt of the transmission was confirmed on:

4114479 +EDI: TSYS.COM Aug 03 2006 15:35:00 GEMB/EXXONMOBIL, P.O. BOX 981400,  
EL PASO, TX 79998-1400

TOTAL: 1

\*\*\*\*\* BYPASSED RECIPIENTS \*\*\*\*\*

NONE.

TOTAL: 0

Addresses marked '+' were corrected by inserting the ZIP or replacing an incorrect ZIP.  
USPS regulations require that automation-compatible mail display the correct ZIP.

I, Joseph Speetjens, declare under the penalty of perjury that I have served the attached document on the above listed entities in the manner shown, and prepared the Certificate of Service and that it is true and correct to the best of my information and belief.

First Meeting of Creditor Notices only (Official Form 9): Pursuant to Fed. R. Bank. P. 2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.

Date: Aug 05, 2006

Signature:

